

## UnitedHealthcare Insurance Company for the Medicaid Rite Smiles Program

### Amendment No. 3

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**THIS AMENDMENT No. 3**, is made and entered into the 1<sup>st</sup> day of July 2022 between the State of Rhode Island Executive Office of Health and Human Services (herein after called “EOHHS”) and UnitedHealthcare Insurance Company (the “Contractor”).

**WHEREAS**, EOHHS and Contractor entered into an Agreement for Medicaid Managed Care Dental Services for the Medicaid Rite Smiles Program on the basis for Agreement in [LOI #7599917](#) on July 1, 2020.

**WHEREAS**, as of effective date of this Amendment No. 3, the Agreement is hereby amended as follows:

#### **ARTICLE I: DEFINITIONS**

1. **Section 1.24** is amended by **INSERTING** the following new definition, “**Section 1.24 EXCLUDED DENTAL SERVICES**, Dental care services that dental insurance or plan does not pay for or cover.” Subsequent definitions are renumbered.

#### **ARTICLE III: CONTRACT TERMS AND CONDITIONS**

2. **Section 3.10 TERMINATION OF CONTRACT, C. Termination for Financial Instability, i. Termination for Convenience**, is amended by **DELETING** the second sentence of paragraph one of the section, and **INSERTING** the following, “If the Contractor intends to terminate the Agreement pursuant to this Article or allow the Agreement to expire, it must give EOHHS advance written notice at least one (1) year prior to the proposed termination or expiration. The termination date will be calculated as the last Day of the month following the one (1) year notice period. The Parties can negotiate an earlier termination date by mutual written agreement.”

#### **ATTACHMENT C: SCHEDULE OF NON-COVERED BENEFITS**

3. ATTACHMENT is **DELETED** in its entirety and replaced with the following ATTACHMENT: “**ATTACHMENT C: SCHEDULE OF EXCLUDED AND NON-COVERED BENEFITS**

- **Any service (medication, device, procedure, or equipment) that is not medically necessary.**

- Experimental/investigational medications, devices, procedures, or equipment.
- Dental Implants
- Any services or items furnished for which the provider does not normally charge.
- Services or items furnished for any condition or accidental injury arising out of and in the course of employment for which any benefits are available under the provisions of any workers' compensation law, temporary disability benefits law, occupational disease law, or similar legislation, whether or not the Medicaid beneficiary claims or receives benefits there under, and whether or not any recovery is obtained from a third-party for resulting damages.
- Services or items furnished for any sickness or injury occurring while the covered person is on active duty in the military.
- Payments to outside the United States and territories pursuant to [§ 6505 of the Affordable Care Act](#) which amends section 1902(a) of the Social Security Act.
- All claims arising directly from services provided by or in institutions owned or operated by the federal government such as Veterans Administration hospitals.”

**ATTACHMENT E: CONTRACTOR’S MONTHLY CAPITATION RATES for SFY 2021**

4. This ATTACHMENT is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new Attachment E dated June 21, 2022 and the section is now titled “ATTACHMENT E: CONTRACTOR’S MONTHLY CAPITATION RATES SFY 2023.”
5. Section is further amended by **ADDING** the following capitation rate table to ATTACHMENT E:

**ATTACHMENT F: ACTUARIAL BASIS FOR CAPITATION RATES**

6. This Attachment is amended by **DELETING** the ATTACHMENT in its entirety and **REPLACING** it with a new Attachment F dated June 21, 2022.

State of Rhode Island Executive Office of Health and Human Services SFY 2023 Capitation Rate Development Rite Smiles Dental Program Rate Change Summary														
Region: Statewide	Est. Average Monthly Enrollment	Base Benefit Expense	New Benefit Add On	Base Benefit Expense with Add On	Administrative Cost Allowance	Underwriting Margin	SFY 2023 Effective Rate	SFY 2022 Effective Rate	% Change	SFY 2023 Effective Rate	Premium Tax	SFY 2023 Capitation Rate	Prior Capitation Rate	% Change
Rite Smiles														
Age 0-2	18,420	\$ 3.45	\$ 0.08	\$ 3.53	\$ 0.38	\$ 0.08	\$ 3.99	\$ 4.58	(12.9%)	\$ 3.99	\$ 0.08	\$ 4.07	\$ 4.67	(12.8%)
Age 3-5	18,423	12.88	0.37	13.25	1.42	0.30	14.97	17.60	(14.9%)	14.97	0.31	15.28	17.98	(14.9%)
Age 6-10	31,136	18.86	0.10	18.96	2.03	0.43	21.42	25.00	(14.3%)	21.42	0.44	21.86	25.51	(14.3%)
Age 11-15	31,895	20.09	0.04	20.13	2.16	0.46	22.75	26.96	(15.6%)	22.75	0.46	23.21	27.51	(15.6%)
Age 16-20	29,320	13.06	0.02	13.08	1.40	0.30	14.78	19.33	(23.5%)	14.78	0.30	15.08	19.72	(23.5%)
Age 21-23	8,874	9.48	0.05	9.53	1.02	0.22	10.77	13.65	(21.1%)	10.77	0.22	10.99	13.93	(21.1%)
<b>Total Rite Smiles</b>	<b>136,068</b>	<b>\$ 14.62</b>	<b>\$ 0.10</b>	<b>\$ 14.72</b>	<b>\$ 1.58</b>	<b>\$ 0.34</b>	<b>\$ 16.63</b>	<b>\$ 20.03</b>	<b>(17.0%)</b>	<b>\$ 16.63</b>	<b>\$ 0.34</b>	<b>\$ 16.97</b>	<b>\$ 20.44</b>	<b>(17.0%)</b>

**IN WITNESS HERETO**, the parties have caused this Amendment 3 to be executed under Seal by their duly authorized officers or representatives as of the day and year stated below:

**STATE OF RHODE ISLAND:**

**UNITEDHEALTHCARE INSURANCE COMPANY:**

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SIGNATURE

  
\_\_\_\_\_  
SIGNATURE

KRISTIN PONO SOUSA  
\_\_\_\_\_  
NAME

JAMES BEDARD  
\_\_\_\_\_  
NAME

MEDICAID DIRECTOR  
\_\_\_\_\_  
TITLE

CFO UHIC  
\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

8/8/27  
\_\_\_\_\_  
DATE